

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Maccabee et al.

Filing Date: September 8, 2003

Serial No.: 10/658,962

For: EFFECT OF VITAMIN A GEL ON PARANASAL SINUS MUCOSAL
REGENERATION

Attorney Docket: 49321-102

Date: January 3, 2008

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Enclosed is a copy of the Filing Receipt for the patent application referenced above.

Please correct the applicant information as shown. A copy of the original Application Data Sheet is enclosed for verification. A Supplemental Application Data Sheet is also enclosed to update certain addresses.

No fee is believed due.

Respectfully submitted,

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APPL. NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/658,962	09/08/2003	1614	658	49321-102	4	23	4

CONFIRMATION NO. 3139

22504
DAVIS WRIGHT TREMAINE, LLP
2600 CENTURY SQUARE
1501 FOURTH AVENUE
SEATTLE, WA 98101-1688

RECEIVED

MAR 2 2004

UPDATED FILING RECEIPT



OC000000012135698

Date Mailed: 03/18/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Maccabee

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Peter H. Hwang, Residence Not Provided; Stanford, CA
Dennis R. Trune, Portland, OR; Tigard, OR

Domestic Priority data as claimed by applicant

This appln claims benefit of 60/408,792 09/06/2002

Foreign Applications

If Required, Foreign Filing License Granted: 11/28/2003

Projected Publication Date: 06/24/2004

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Effect of vitamin A gel on paranasal sinus mucosal regeneration

ENTERED IN DWT
IP DOCKET

MAR 22 2004

By: M. J. [Signature]

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APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

September 8, 2003

Application Type::

Utility

Subject Matter::

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title ::

EFFECT OF VITAMIN A GEL ON PARANASAL
SINUS MUCOSAL REGENERATION

Attorney Docket Number::

49321-102

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

7

Small Entity?::

Yes

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

No

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

First Applicant Information

Applicant Authority Type::	Full authority
Primary Citizenship Country::	
Status::	Inventor
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Middle Name::	S.
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Name Suffix::	
City of Residence::	
State or Province of Residence::	Oregon
Country of Residence::	US
Street of mailing address::	
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State or Province of mailing address::	Oregon
Country of mailing address::	US
Postal or Zip Code of mailing address::	

Second Applicant Information

Applicant Authority Type::	Full Authority
Primary Citizenship Country::	
Status::	Inventor
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Family Name::	Hwang
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Country of Residence:: US
Street of mailing address::
City of mailing address::
State or Province of mailing address:: Oregon
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Third Applicant Information

Applicant Authority Type:: Full Authority
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State or Province of Residence:: Oregon
Country of Residence:: US
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City of mailing address:: Portland
State or Province of mailing address:: Oregon
Country of mailing address:: US
Postal or Zip Code of mailing address::

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Representative Information

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
	Ordinary	60/408,792	09/06/2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	